

Volunteering & International Psychiatry



RCPsych

Newsletter of the Volunteering & International Psychiatry Special Interest Group

12/2018



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Welcome to this issue of the **Volunteering and International Psychiatry Special Interest Group Newsletter**

VIPSIG Newsletter Editorial Team

Dr Faheem Naqvi

Dr Daniel Wolde-Giorgis

Dr Manshant Rani Kaur

JOIN THE TEAM

If you have feedback about this issue or would like to get more involved in VIPSIG and join the editorial team then please email us at:

drfnaqvi@gmail.com

GET INVOLVED

Details of the next VIPSIG meetings can be found online. Please see the VIPSIG webpage at:

[https://www.rcpsych.ac.uk/embers/special-interest-groups/volunteering-and-international](https://www.rcpsych.ac.uk/members/special-interest-groups/volunteering-and-international)

DONATIONS

All cheque payments should be made out to the 'Royal College of Psychiatrists'. Please include details of the payment such as what the payment is for and name of the SIG.

DETAILS FOR POTENTIAL AUTHORS

We welcome contributions to the Volunteering and International psychiatry SIG on topics of interest. We are particularly interested in articles regarding volunteering internationally and within the UK. Articles should be a maximum of 1000 words excluding any references or appendices; they need to be submitted in MS word format, we encourage the use of photographs and figures submitted as separate .jpg files. Letters should not exceed 250 words. Please include your full name and titles, place of work and email contact details. Opinions expressed in the Newsletter are those of the authors and not of the College, unless otherwise stated. The editors reserve the right to edit contributions.

Articles to be submitted electronically to: drfnaqvi@gmail.com

Volunteering & International Psychiatry

VIPSIG – CHAIR

Dr Sophie Thomson

WELCOME to the December 2018 VIPSIG Newsletter

Firstly THANKS for all the good work you have been doing nationally and internationally!

In this Newsletter you will find reports of some of our members excellent work, but I know there is a lot more Volunteering happening, especially in the UK. Thanks!

Global Mental health is an exciting growth area and we now have over 2,600 VIPSIG Members.

The feedback from psychiatrists who have volunteered to teach internationally is glowing and Health Education England have just completed some work showing that releasing clinicians from their NHS commitments to work overseas brings rewards back to the NHS. These include improved cultural awareness but also improved knowledge, teaching and presentations skills and confidence, as well as learning about managing in low resource settings.

Our annual weekend workshop Orientation to WHO mhGAP teaching skills was held in Leicester in September and was a great success, as well as enjoyable!



We are considering possibilities for next years venue, so if you think a group of colleagues in your area may be interested, please get in touch.

The day conference on Electronic learning in September was very stimulating, with demonstrations of all sorts of possibilities for teaching and training internationally.

Next year we may do a day conference on the Rewards and Challenges of Volunteering. Other suggestions welcome.

Our current challenge is actually finding suitable opportunities for volunteering internationally, so if you have contacts in places who would welcome what we can offer, please let me know.

Thanks

sjmckthomson@icloud.com

Social Mobility Foundation (SMF)

Dr Harriet Greenstone

The Social Mobility Foundation (SMF) is a fantastic charity aiming to improve social mobility for young people from low-income backgrounds. Founded in 2005, SMF works to provide networks of support for 16-17 year olds who are unable to get them from schools or families. It covers a range of career pathways, including Medicine.

As a volunteer with SMF over the last year, I was 'matched' with and mentored a sixth form student in Birmingham, supporting her through the process of applying to medical school. We had regular contact through emails and phone calls, discussing decisions on university choice, feedback on her personal statement and help with interview preparations. We developed a good relationship; and through the year we discussed her ambitions for her education and career, as well as talking about the challenges and rewards of being a doctor in the NHS.

Throughout the year, her motivation, hard work and enthusiasm have been brilliant to witness, and we were both overjoyed when she obtained excellent A-level results and a place to study Medicine at Leeds, where she started this September.

I would recommend volunteering with the SMF to all doctors with a social conscience! I have found the experience a stimulating and enjoyable way of supporting the development of the profession, and a fantastic opportunity to support individuals from a range of social backgrounds in achieving their ambitions.

We need such motivated and hardworking young people as doctors, and supporting this cause has been highly rewarding.

SMF are always keen to hear from potential mentors, so if you are interested, please visit their website –

<http://www.socialmobility.org.uk/sign-up-professionals/>

<http://www.socialmobility.org.uk/wp-content/uploads/2017/01/Mentoring-FAQs.pdf>



mhGAP training at Benue State in Nigeria

Dr Nandini Chakraborty

Visits from Leicestershire Partnership NHS Trust (LPT) have been ongoing to Edawu community mental health centre in Benue State of Nigeria on an annual basis since 2004 as part of the THET established international links projects. Over the years professionals from medical and nursing streams have visited Edawu and trained staff in assessment and management of mental disorders. The journey of Edawu has been detailed in Edawu: a journey from in-patient rehabilitation to community-based treatment and rehabilitation in Nigeria (Chakraborty et al). BJPsych International 2017, 14, 66-69.

The aim of the visit in January 2018 was to deliver mhGAP training in version 2.0 of the intervention guide to the staff at Edawu. The team also gave them manuals and other training materials to use for future. The training team constituted of Dr Dipple, Dr Chakraborty and Dr Balan from the UK and Dr. Erinfolami from Lagos.

The training was delivered between 11th and 19th January 2018 and used a combination of role play, workshops and lectures using a total of around 20 hours of training.

Supervision has been continuing via a combination of Skype, video phone calls and emails with case records. Statistics are available for the diagnostic profile of patients seen in January 2016 in Edawu outpatient clinics. The plan is to repeat the evaluation in January 2019, a year after mhGAP training and supervision.

We would be interested to see whether there is a change in diagnostic trends after the implementation of mhGAP.



Treatment and recovery in rural India

Dr Asha Praseedom

In March 2018 I happened to visit a psychiatric centre in the southern Indian state of Kerala.

I'm not sure I knew what to expect when I first received the invitation to visit the centre; I wonder if a part of me envisaged an upmarket ashram/spa with some psychiatry thrown in. How wrong I was.

The poetically named 'Centre for Harmonious Living' is nestled in a valley that is filled to the brim with indigenous flora and fauna. However, it is a thoroughly modern treatment centre in a lot of ways, fully embracing the principles of patient involvement and recovery whilst running a functioning therapeutic community.

The buildings blend into the surrounding landscape. There are wards, outpatient clinics, activity area, and a restaurant. As the name suggests, the overriding theme is harmony; with oneself and with nature.

The driving force behind the centre is Dr Saleem, a locally trained psychiatrist. He is energetic, has some big ideas and has a vision for the centre to become one of the best treatment and academic centres in India.

At present the centre has three psychiatrists; one resident and two visiting. They also have an onsite pharmacy and lab, and being mindful of the need to support accompanying families, there are also facilities for spouses and extended families to stay on site if needed.

I found it a beautiful and tranquil place, with a lot of potential to grow as a treatment centre and a centre for teaching and research.



The Leicester- Gondar Link

Dr Heather Dipple



For 10 years Leicestershire NHS Partnership Trust have had a link with Gondar, Ethiopia University and Hospital Psychiatry Service.

This is part of a much larger and well-established arrangement between Leicester Hospital and Universities and Gondar that has existed for over 20 years and has an associated charity - Health Action Leicester for Ethiopia (HALE).

Our involvement with the Psychiatry Service has been to teach medical students during their psychiatric placements and to teach some modules on the BSc in mental health nursing course. We have encouraged the development of services and provided training when asked.

The service had only 2 mental health nurses in 2008 and now has over 14 qualified nursing staff, clinical psychologists and a first psychiatrist.

We helped fund a small ward and now the Gondar services are planning to start a community service.

We funded and supported a small pilot of this and have met with community leaders to feedback the results. Over 30 mental health staff of different disciplines have visited from Leicester and several of us are now frequent visitors.

Our next visit is planned for October 2018. When we return we have a meeting planned with Nottingham colleagues who have a link with Jimma, Ethiopia to share good practice, experience and plan possible collaborative working.

Contacts for the mental health project. Lynn Wroe - lynn.wroe@leicspart.nhs.uk and Dr Heather Dipple - heatherdipple@sky.com.

IUS Mental Health Survey - UK

Dr Faheem Naqvi

The Islamic Unity Society (IUS) is a faith based charity within the United Kingdom with a nationwide membership. The IUS wanted to determine attitudes towards mental health across its membership through a simple survey.

The survey had 265 responses, mostly online and the headline results were as outlined below:

- **99% (262 vs 3)** of respondents felt maintaining good mental health was important to them.
- **93% (247 vs 18)** of respondents felt that mental health 'problems' were common and the same number did not feel that mental health awareness was being provided for adequately in the community.
- **Two thirds (181 vs 84)** felt it was hard to talk about mental health issues due to the fear of stigma.

These results suggest that there are unmet needs in the community in relation to mental health support and awareness. The results also suggest that community centres are not adequately providing support and raising awareness.

Worryingly just over two thirds of respondents felt that they would find it difficult to talk about mental health difficulties due to a fear of stigma. Such stigma can prevent individuals getting the necessary help for oneself or a loved one and can increase the burden of illness.



Next steps from this survey include finding out more about what the common 'problems' are and as well as this find out more about 'stigma' in relation to mental health, through focus groups in Q1 and Q2 of 2019.

It is hoped the focus groups would allow for a better understanding so that appropriate well informed interventions can be trialed.

The full report is available at:

<https://ius.org.uk/aid/mhrp/>

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Disclaimer: The opinions expressed in this newsletter are those of individual authors
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RCPSYCH

Royal College of Psychiatrists

21 Prescot Street, Whitechapel

London E1 8BB

Tel: 020 7235 2351